

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
Lisa A. Haile SPENSLEY HORN JUBAS & LUBITZ 4225 Executive Square, Ste. 1400 La Jolla, CA 92037	INVENTOR'S NAME Gary R. Grotendorst
	Street Address 18401 Tomlinson Drive
	City, State and ZIP Code Lutz, Florida 33549
	CO-INVENTOR'S NAME Douglas M. Bradham, Jr.
	Street Address 44 Acorn Circle, #202
	City, State and ZIP Code Baltimore, MD 21204
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
05/167,628	12/14/93	004	SPECTOR, L	1812 08/03/94
First Named Applicant	GROTENDORST LOS. GARY R.			

TITLE OF INVENTION
A NOVEL CONNECTIVE TISSUE GROWTH FACTOR (CTGF)
(AS AMENDED)

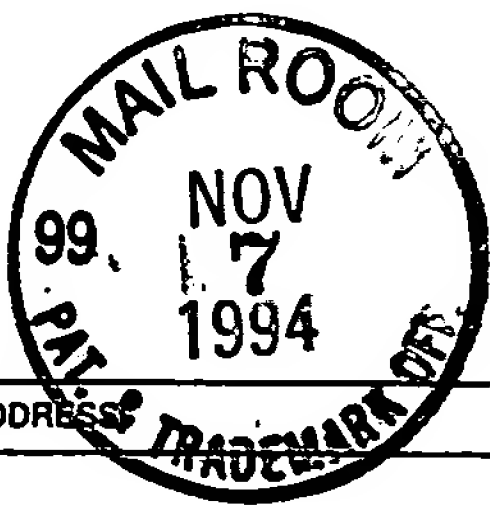
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 DD1294	530-399.000	D18	UTILITY	YES	\$585.00	11/03/94

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
Lisa A. Haile SPENSLEY HORN JUBAS & LUBITZ 4225 Executive Square, Ste. 1400 La Jolla, CA 92037 Telephone (619) 455-5100	1 _____ 2 _____ 3 _____

DO NOT USE THIS SPACE

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	
(1) NAME OF ASSIGNEE: University of South Florida	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 10 (Minimum of 10)
(2) ADDRESS: (CITY & STATE OR COUNTY) 4202 East Fowler Av., Tampa, FL 33625	6b. The following fees should be changed to: DEPOSIT ACCOUNT NUMBER 19-3725 (ENCLOSED PART C)
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION	<input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 10 <input type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)
A. <input type="checkbox"/> This application is NOT assigned. <input type="checkbox"/> Assignment is being previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Signature of party in interest of record) Lisa A. Haile (Date) 11/3/94 NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE CERTIFICATE OF MAILING ON REVERSE



1. CORRESPONDENCE ADDRESS

LING A. SUMARKO, PH.D.
SPENCER HORN, JUDAS & RUBIN
SUITE 300
1880 CENTURY PARK EAST
LOS ANGELES, CALIFORNIA 90067

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
00167 618	12/1/93	004	EXPECTOR, L	12/10/94
First Named Applicant: GENTHER, J. R. GARY, R.				

TITLE OF INVENTION: A NOVEL CONNECTIVE TISSUE GROWTH FACTOR (168)
(AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
001034	350-388,000	618	UTILITY	YES	\$1285.00	1/90/94

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2a. The following fees are enclosed:
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(Signature of party in interest of record) Lisa A. Haile (Date) 11/3/94

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MAIL ROOM **NOV 1994** **FEAS**
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1. CORRESPONDENCE ADDRESS

Lisa A. Haile
SPENSLEY HORN JUBAS & LUBITZ
4225 Executive Square, Ste. 1400
La Jolla, CA 92037

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Gary R. Grotendorst

Street Address

18401 Tomlinson Drive

City, State and ZIP Code

Lutz, Florida 33549

CO-INVENTOR'S NAME

Douglas M. Bradham, Jr.

Street Address

44 Acorn Circle, #202

City, State and ZIP Code

Baltimore, MD 21204

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First Named Applicant: GROTENDORST LRS. GARY R. GROTENDORST				

TITLE OF INVENTION: A NOVEL CONNECTIVE TISSUE GROWTH FACTOR (CTGF)
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Telephone (619) 455-5100

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1 _____
2 _____
3 _____

TW11106 11/17/94 08167628
TW11107 11/17/94 08167628

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19-3725 110 242
19-3725 110 561

605.00CH
30.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

University of South Florida

(2) ADDRESS: (CITY & STATE OR COUNTY)

4202 East Fowler Av. Tampa, FL 33625

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

A. ☐ This application is NOT assigned.

- ☐ Assignment is being previously submitted to the Patent and Trademark Office.
☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

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(Minimum of 10)

6b. The following fees should be changed to:

DEPOSIT ACCOUNT NUMBER 19-3725

(ENCLOSED PART C)

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☐ Any Deficiencies in Enclosed Fees (Minimum of 10)

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(Signature of party in interest of record)

Lisa A. Haile

(Date)

11/3/94

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